PRINTED: 07/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2971HIC 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7016 W WASHINGTON AVE THELMA CALLIS GROUP HOME LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 000 H 000 **Initial Comments** This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on June 24, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations,

The following deficiencies were identified:

The census at the time of the survey was one. One resident file was reviewed and one

actions or other claims for relief that may be available to any party under applicable federal,

H 018 Director Duties-BLC&DAS Phone Numbers

The director of a home shall:

employee file was reviewed.

3. Ensure that the residents of the home:

(b) Receive:

state or local laws.

(4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources.

NAC 449.15523 Director: Duties. (NRS 449.249)

This Regulation is not met as evidenced by: Based on observation, interview and record review on June 24, 2009, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

. (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

H 018

Bureau of Health Care Quality & Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB NVS2971HIC		(X2) MULTIP A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
NAME OF DR		NV529/THIC	STREET ADDE	RESS, CITY, STA	ATE ZIP CODE] 06//	24/2009
	CALLIS GROUP HOME		7016 W WA	SHINGTON A			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FIL LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
H 018	Health Care Quality	and Compliance and the rvices were made avail		H 018			
H 019	NAC 449.15523 Dire The director of a hom 4. Ensure that a care meeting the needs of trained in first aid, an resuscitation, is on th all times when a resid This Regulation is no Based on record revi June 24, 2009, the d of 1 caregivers had re	actor: Duties. (NRS 449) actor: Duties. (NRS 449) actor: who is capable of the residents and has ad cardiopulmonary actor premises of the home dent is present. The premise of the home dent is present.	f been e at : on nat 1	H 019			
Н 040	(Employee 1). Agreement Concerni NAC 449.15527 Agre home and resident comaintenance of record 449.249) The operator of a hor 1. Enter into a writter resident of the home	eement between operate oncerning rates; rds of residents. (NRS me shall: a agreement with each that sets forth the basice home and the charge.	or of	H 040			
	This Regulation is no	ot met as evidenced by	:				

Bureau of Health Care Quality & Compliance

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING			
		NVS2971HIC				06/24/2	2009
				RESS, CITY, STA			
THELMA (CALLIS GROUP HOME			SHINGTON A S, NV 89128	AVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
H 040	facility could not prod set forth the basic rat	ew on June 24, 2009, t duce a rate agreement t te for the services of the es for any optional servi	hat e	H 040			
H 041	NAC 449.15527 Agree home and resident or maintenance of recore 449.249) The operator of a hore 2. Maintain a separate resident of the home	rds of residents. (NRS	ch	H 041			
H 044	Based on observation interview on June 24, maintain a separate, residents (Resident information required lorganized file. Records of Residents	, 2009, the facility failed organized file for 1 of 1 #1). It has some of the but not in a separate s-Copy of physical eement between operat	I to	H 044			
	maintenance of recor 449.249) The operator of a hor 2. Maintain a separat resident of the home	rds of residents. (NRS					

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

A. BUILDING

(X3) DATE SURVEY COMPLETED

NVS2971HIC B. WING ______ 06/24/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THELMA CALLIS GROUP HOME		7016 W WASHINGTON AVE LAS VEGAS, NV 89128					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ODOGO DEFEDENCED TO THE ADDRODUATE DATE				
H 044	Continued From page 3	H 044					
	home. Each file must include: (c) A copy of the results of a general physical examination of the resident conducted by his physician; and						
	This Regulation is not met as evidenced by: Based on record review on June 24, 2009, the facility did not obtain a copy of a general phy examination conducted by a physician on 1 cresidents (Resident #1).	ne ⁄sical					
H 050	Tuberculosis-Employees	H 050					
	NAC 441A.375 Medical facilities, facilities for dependent and homes for individual resident care: Management of cases and suspected cases; surveillance and testing of employees counseling and preventive treatment. 1. A case having tuberculosis or suspected considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of Centers for Disease Control and Prevention adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent home for individual residential care shall maintain surveillance of employees of the facor home for tuberculosis and tuberculosis infection. The surveillance of employees must be supposed to the surveillance of employees of the surveillance of employees must be supposed to the surveillance of employees of the surveillance of employees must be supposed to the surveillance of employees of the survei	tial s; case l e of the as ent or cility					
	conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities provi	e					
	health care set forth in the guidelines of the	iuiig					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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from screening with skin tests or chest radiographs unless he develops symptoms

5. A person who demonstrates a positive

tuberculosis screening test administered pursuant

suggestive of tuberculosis.

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NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered

6. An ultimate user or any person whom the

by the following persons:

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2971HIC 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 7016 W WASHINGTON AVE THELMA CALLIS GROUP HOME LAS VEGAS, NV 89128 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 060 Continued From page 6 H 060 ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Based on record review on June 24, 2009, the facility could not produce an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).